

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 UCB, INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 28 LIBERTY SHIP WAY SUITE 2815 SAUSALITO CA 94965 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00571141 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 03 / 01 / 2024 through 03 / 31 / 2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer SKELTON, JENNIE, UNGER, ,

Signature of Treasurer SKELTON, JENNIE, UNGER, , Date 04 / 16 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**UCB, INC. POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2024"/>	<input type="text" value="113621.66"/>	<input type="text" value="113621.66"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="119518.66"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4011.00"/>	<input type="text" value="12003.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="123529.66"/>	<input type="text" value="125624.66"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2022.50"/>	<input type="text" value="4117.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="121507.16"/>	<input type="text" value="121507.16"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

UCB, INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 03 / 01 / 2024 To: 03 / 31 / 2024

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1825.00	3800.00
(ii) Unitemized .....	2186.00	8203.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	4011.00	12003.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4011.00	12003.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	4011.00	12003.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4011.00	12003.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	22.50	117.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	22.50	117.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	3000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	1000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2022.50	4117.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2022.50	4117.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4011.00	12003.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4011.00	12003.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	22.50	117.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	22.50	117.50

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UCB, INC. POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Amburn, William, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2024 <b>Transaction ID : 202403138579-32</b>
Mailing Address 1950 Lake Park Dr SE		Amount of Each Receipt this Period 50.00
City Smyrna	State GA	Zip Code 30080-7648
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) UCB Inc.	Occupation (for Individual) Regional Lead Govt Rel & Pub Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Amburn, William, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 29 / 2024 <b>Transaction ID : 20240415114510-30</b>
Mailing Address 1950 Lake Park Dr SE		Amount of Each Receipt this Period 50.00
City Smyrna	State GA	Zip Code 30080-7648
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) UCB Inc.	Occupation (for Individual) Regional Lead Govt Rel & Pub Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Cardenas, Natalie, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 15 / 2024 <b>Transaction ID : 202403138579-29</b>
Mailing Address 1950 Lake Park Dr SE		Amount of Each Receipt this Period 75.00
City Smyrna	State GA	Zip Code 30080-7648
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) UCB Inc.	Occupation (for Individual) Regional Lead Govt Rel & Pub Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 7 OF 13
Use separate schedule(s) for each category of the Detailed Summary Page
[ ] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
UCB, INC. POLITICAL ACTION COMMITTEE

A. Cardenas, Natalie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1950 Lake Park Dr SE
City Smyrna State GA Zip Code 30080-7648
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) UCB Inc. Occupation (for Individual) Regional Lead Govt Rel & Pub Affairs
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 450.00

Date of Receipt
03 / 29 / 2024
Transaction ID : 20240415114510-27
Amount of Each Receipt this Period 75.00
Memo Item

B. Davis, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1950 Lake Park Dr SE
City Smyrna State GA Zip Code 30080-7648
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) UCB Inc. Occupation (for Individual) Head of Global Epilepsy
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 450.00

Date of Receipt
03 / 15 / 2024
Transaction ID : 202403138579-11
Amount of Each Receipt this Period 75.00
Memo Item

C. Davis, Michael, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1950 Lake Park Dr SE
City Smyrna State GA Zip Code 30080-7648
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) UCB Inc. Occupation (for Individual) Head of Global Epilepsy
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 450.00

Date of Receipt
03 / 29 / 2024
Transaction ID : 20240415114510-9
Amount of Each Receipt this Period 75.00
Memo Item

SUBTOTAL of Receipts This Page (optional)..... 225.00
TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:	PAGE 8 OF 13
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**UCB, INC. POLITICAL ACTION COMMITTEE**

**A. Dhalla, Anisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1950 Lake Park Dr SE  
 City Smyrna State GA Zip Code 30080-7648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCB Inc. Occupation (for Individual) Head of Global Ethics & Compliance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 03 / 15 / 2024  
**Transaction ID : 202403138579-3**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Dhalla, Anisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1950 Lake Park Dr SE  
 City Smyrna State GA Zip Code 30080-7648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCB Inc. Occupation (for Individual) Head of Global Ethics & Compliance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 03 / 29 / 2024  
**Transaction ID : 20240415114510-3**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Drew, Brandon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1950 Lake Park Dr SE  
 City Smyrna State GA Zip Code 30080-7648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCB Inc. Occupation (for Individual) Head of I2I Go-to-Market US  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 03 / 15 / 2024  
**Transaction ID : 202403138579-15**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**UCB, INC. POLITICAL ACTION COMMITTEE**

**A. Drew, Brandon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1950 Lake Park Dr SE  
 City Smyrna State GA Zip Code 30080-7648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCB Inc. Occupation (for Individual) Head of I2I Go-to-Market US  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : 20240415114510-13**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Fritz, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1950 Lake Park Dr SE  
 City Smyrna State GA Zip Code 30080-7648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCB Inc. Occupation (for Individual) Head of US Corporate Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : 202403138579-1**  
 Amount of Each Receipt this Period  
 175.00  
 Memo Item

**C. Fritz, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1950 Lake Park Dr SE  
 City Smyrna State GA Zip Code 30080-7648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCB Inc. Occupation (for Individual) Head of US Corporate Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024  
**Transaction ID : 20240415114510-1**  
 Amount of Each Receipt this Period  
 175.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UCB, INC. POLITICAL ACTION COMMITTEE**

**A. Johnson, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4000 Paramount Pkwy Ste 200  
 City Morrisville State NC Zip Code 27560-4701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCB Inc. Occupation (for Individual) Head of Strategic Planning & Operation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **03 / 15 / 2024**  
**Transaction ID : 202403138579-46**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Johnson, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4000 Paramount Pkwy Ste 200  
 City Morrisville State NC Zip Code 27560-4701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCB Inc. Occupation (for Individual) Head of Strategic Planning & Operatior  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **03 / 29 / 2024**  
**Transaction ID : 20240415114510-44**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Morgan, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1950 Lake Park Dr SE  
 City Smyrna State GA Zip Code 30080-7648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCB Inc. Occupation (for Individual) Head of US Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt **03 / 15 / 2024**  
**Transaction ID : 202403138579-72**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)	PAGE 11 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**UCB, INC. POLITICAL ACTION COMMITTEE**

**A. Morgan, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1950 Lake Park Dr SE  
 City Smyrna State GA Zip Code 30080-7648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCB Inc. Occupation (for Individual) Head of US Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt **03 / 29 / 2024**  
**Transaction ID : 20240415114510-70**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

**B. Perry, Jed, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1950 Lake Park Dr SE  
 City Smyrna State GA Zip Code 30080-7648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCB Inc. Occupation (for Individual) Head US Public Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **03 / 15 / 2024**  
**Transaction ID : 202403138579-51**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Perry, Jed, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1950 Lake Park Dr SE  
 City Smyrna State GA Zip Code 30080-7648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UCB Inc. Occupation (for Individual) Head US Public Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **03 / 29 / 2024**  
**Transaction ID : 20240415114510-49**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**UCB, INC. POLITICAL ACTION COMMITTEE**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Waynick Johnson, Denelle, , ,

Mailing Address 1950 Lake Park Dr SE

City Smyrna	State GA	Zip Code 30080-7648
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UCB Inc.	Occupation (for Individual) Head of PV Global Legal Affairs
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	15	/	2024

**Transaction ID : 202403138579-4**

Amount of Each Receipt this Period  
175.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	1825.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Box 23 is checked.

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NAME OF COMMITTEE (In Full)
UCB, INC. POLITICAL ACTION COMMITTEE

Form A: Friends Of Lucy McBath. Includes fields for Full Name, Mailing Address (2221 Peachtree Rd NE Ste D, Atlanta, GA), Purpose of Disbursement (2024 Primary), Candidate Name (McBath, Lucy, K.), Office Sought (House), Disbursement For (2024 Primary), State (GA), District (06), Date of Disbursement (03/18/2024), FEC Identification Number (C00672295), Transaction ID (EDA857CAEC), Amount of Each Disbursement (1000.00).

Form B: Miller-Meeks For Congress. Includes fields for Full Name, Mailing Address (PO Box 33, Ottumwa, IA), Purpose of Disbursement (2024 Primary), Candidate Name (Miller-Meeks, Mariannette, Jane), Office Sought (House), Disbursement For (2024 Primary), State (IA), District (01), Date of Disbursement (03/22/2024), FEC Identification Number (C00558825), Transaction ID (EB84797F790), Amount of Each Disbursement (1000.00).

Form C: Empty form with fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, State, District, Date of Disbursement, FEC Identification Number, Amount of Each Disbursement, Memo Item.

Summary table with two rows: SUBTOTAL of Disbursements This Page (optional) 2000.00 and TOTAL This Period (last page this line number only) 2000.00.